# SARV SWASTHYA MISSION

## Health Security for All

A joint partnership
between
Government of Jharkhand
and
ILO Sub Regional Office for South Asia, New Delhi


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# Key health indicators

India, China and USA

| Indicators | India | USA | China |
|---|---|---|---|
| Health expenditure per capita | $96 | $5274 | $261 |
| Public expenditure on health (% of GDP) | 0.9% | 5.8% | 1.9% |
| Infant Mortality Rate (IMR) | 68 | 2 | 31 |
| Life Expectancy at birth | 62 | 77 | 71 |
| Maternal Mortality Rate (MMR) | 504 | 8 | 55 |

(Source: World Health Report, 2005)

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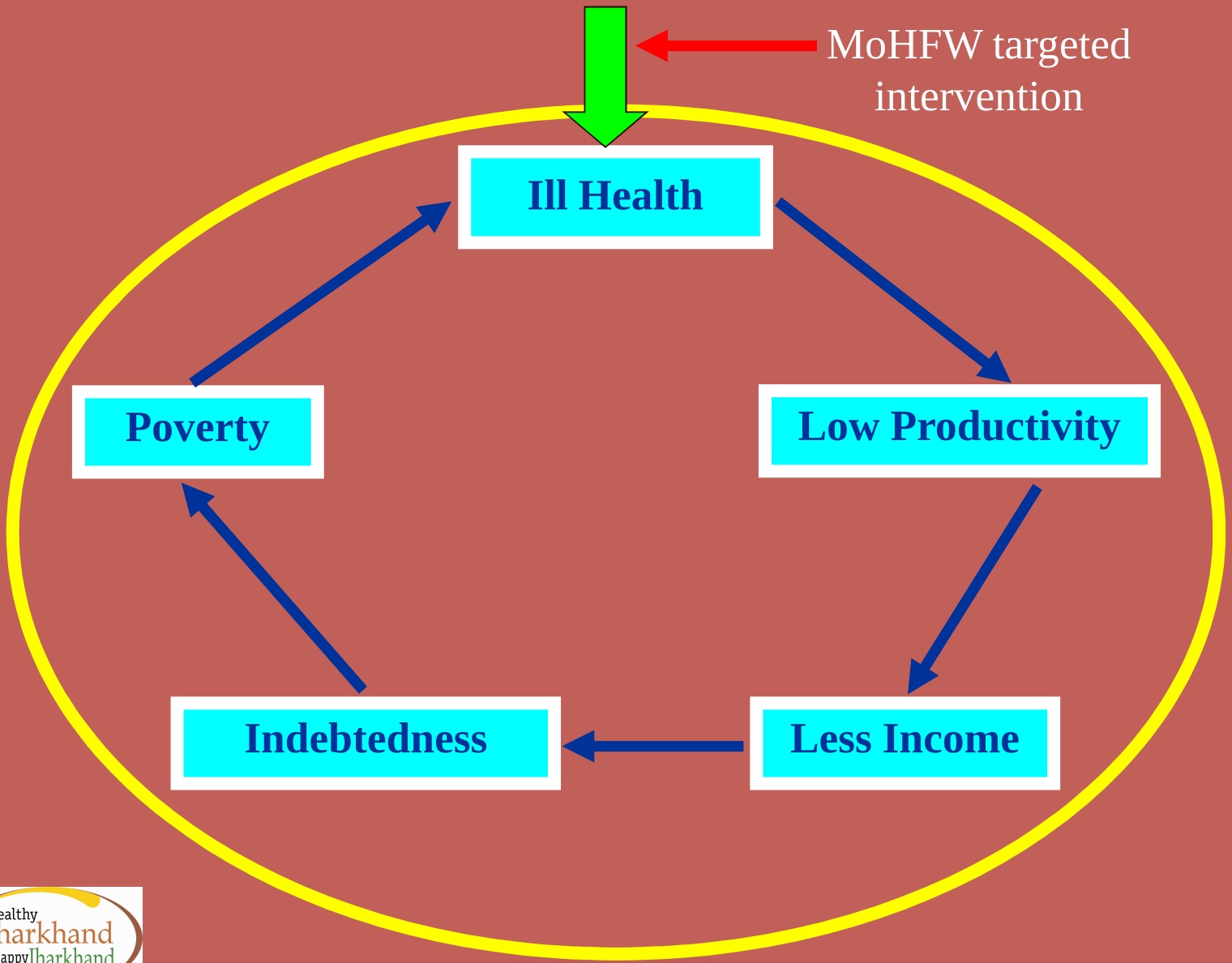
# The Vicious Circle of poverty

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# Jharkhand:
# Paradox of rich & poor

## Jharkhand is rich

- 33% of all coal
- 34% of all iron
- 34% of  all copper
- 58% of al pyrite
- 87% of all quartzite

## Jharkhand is poor

- 54% people live BPL
- Institutional Delivery 30%
- Maternal Mortality Rate 504
- 74% women Anemic
- 50% deficit in health institution

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# Key Health Indicators

## Jharkhand, India and the best performing State

| Indicator | Jharkhand | India | Best State |
|---|---|---|---|
| Full Immunization | 46% | 67% | 98%(Kerala) |
| Institutional Delivery | 32% | 58% | 96%(Kerala) |
| Safe Delivery | 51% | 73% | 99%(Kerala) |
| IMR | 49 | 58 | 12(Kerala) |
| MMR | 540 | 504 | 78(T.N) |

(Source: NHFS-2, SRS 2006, UNICEF 2005)

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# Need for Health Security

- Poor Public sector infrastructure, manpower and maintenance
- Low capacity of the community to spend on health
- Dominant private sector – uncontrolled cost and quality
- Susceptibility of the community to fall in the trap of “Vicious Circle of poverty”

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# Existing Alternatives

- Public Private Partnership: supply side approach
  - Management of Public Facilities by NGOs/Corporate Sector/Other Agencies
  - NGOs/Agencies supports the implementation of Health Programme
  - Referral linkages with Private Sector Hospitals
- Health Insurance: demand side approach

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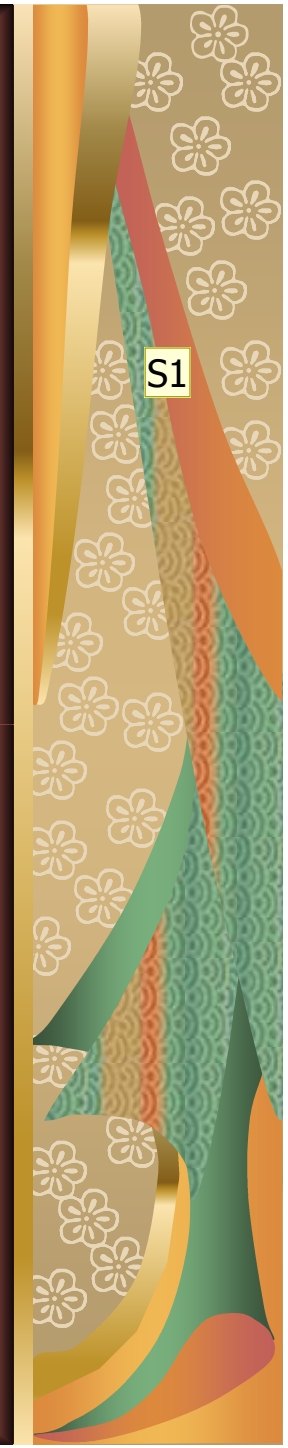
# Health Insurance in India

- Over all low penetration (3% to 5%)
- Two mandatory schemes:
  - Employee State Insurance Scheme: 35 million people
  - Central Government Health Scheme:4.3 million people
- Private Health Insurance
  - Low penetration
  - In house patient care, exclusion, reimbursement
- Community Health Insurance Schemes

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## Slide 8

**S1** Size of the commercial insurance is only 1%.
Shivevdu, 19/07/2006

# Sarv Swasthya Mission
## 'Out of the box approach'

- Jharkhand Chief Minister's visit to ILO: Idea is born
  - Need for alternative delivery model
  - Need for increased private sector participation in financing, control and management
  - Health as key to economic growth
- Inputs from Mr. Ratan Tata and MoU: Idea is planted
- Technical support from ILO:
  - Service providers conference
  - National level meet of TPAs
  - Consultative workshop of all stakeholders

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# Objectives of the Health Security Scheme

- To protect the poor from indebtedness and impoverishment resulting from medical expenditures
- To provide dignified access to health care services by the community
- To encourage rational health-seeking behavior
- To instill a sense of ownership for the Health programs among all participants/stakeholders, including the community
- To maximize access of health services to the hard- to-reach areas through effective public private partnerships

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# Sarv Swasthya Mission
# The 4 A's

- Accessible: Service providers will be closer to the people/community, with strong referral network.
- Affordable: Quality health care services to be available at affordable rates
- Accountable: Health services will be accountable to the Community
- Acceleration in Private Sector Investment in the Health Sector

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# Services in the Mission

- All common illnesses covered
- Pregnancy, child birth and child health care
- Out Patient facilities
- Diagnosis and Treatment– co-payment basis
- Referral Linkages
- Hospitalization coverage
- Post hospitalization Care at Home

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# TARGET GROUP

- Entire population of Jharkhand
- Below Poverty Line people (54% in Jharkhand, with annual income below INR 25,000 from all sources) offered Health Security by affordable pricing of standardized services

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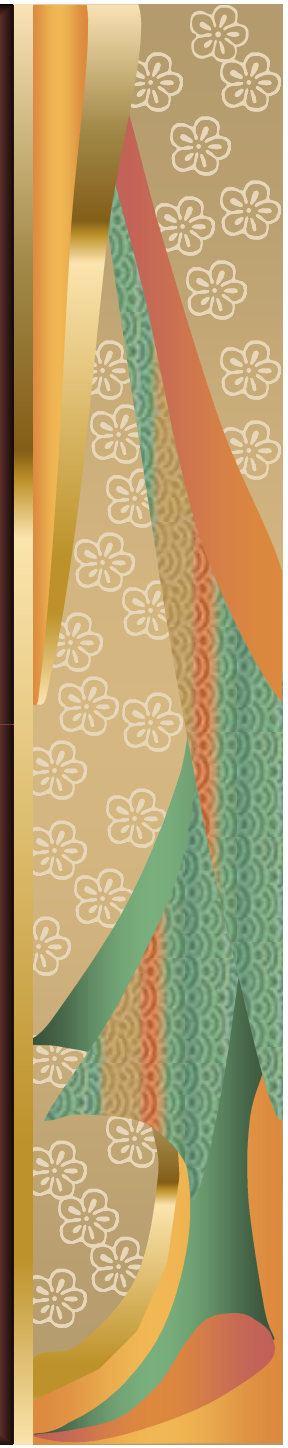
# Fundamental principles of Sarv Swasthya Mission

- Government of Jharkhand: key facilitator of the process
- Leadership: Private sector initiative
- Empowerment: Participation and ownership
- All inclusive social protection: Right to access to quality health care services
- Strong, effective and sustainable Public Private Partnership



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# WORKING PRINCIPLES

- Reaching out to the poor through active private sector participation
- Complementary to the Public Health System: Not a substitute
- Providing choice of health care to the community
- Setting up the standards for Primary and Secondary Health Care
- Co-payment for the services and Differential subsidy Regime
- Cashless Health Care Services to poor
- Strong community & private sector participation in management and service delivery

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# Why not routine Insurance?

- Insurance policies are restrictive
- Supply constraints are not addressed
- OPD and Diagnostics are not covered
- Good for in patient care but do not address all health care requirements and health seeking behavior of the poor
  - Example of Assam

*Sarv Swasthya Mission with technical assistance from ILO aims to address these issues*

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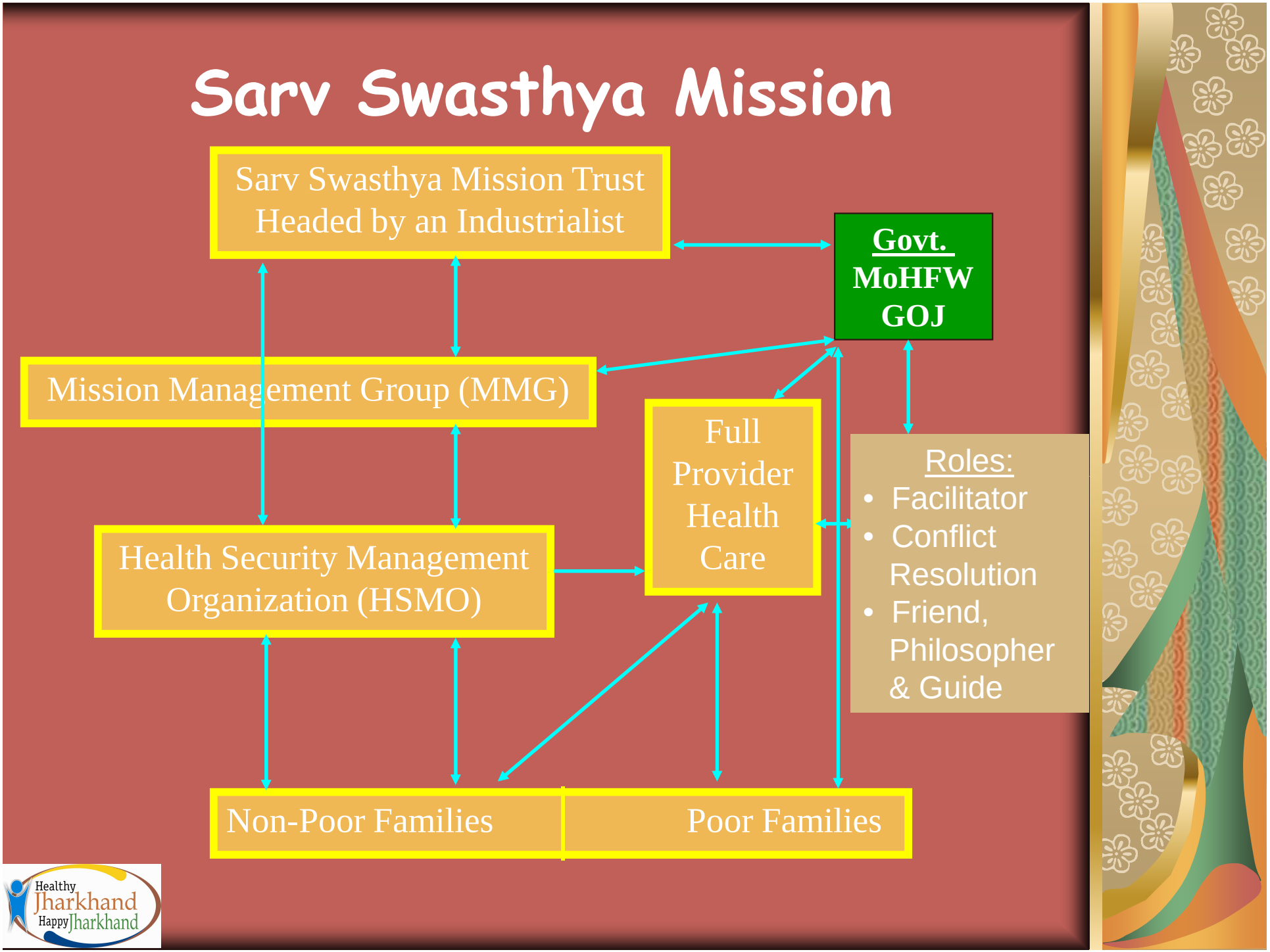
# Sarv Swasthya Mission

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# Organizational Evolution of SSM

- SSM Trust has been set up
- Vision, Mission and Strategic Direction for the SSM has been outlined
- Organizational set up has been conceptualized
- Functions, roles and responsibilities of the proposed functionaries of SSM have been defined
- Resources are being mobilized

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# Mission Management Group

- Top executive body- policy decisions
- Headed by an Executive Director (ED)- to be appointed by Board of Trustees
- Four Directors to assist the ED- to be appointed by the Board of Trustees and ED
- These Directors to head the following divisions
  - Community Participation
  - Contracting
  - Quality Assurance
  - Financial Management

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# Health Security Management Organization (HSMO)

- HSMO shall play the role of a Third Party Arbitrator
- It shall execute contracting out contracts to the service providers
- It will initiate, supervise, monitor and evaluate the mechanisms for ensuring quality services
- HSMO will develop and implement proper grievance redressal mechanisms for the beneficiaries

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# Benefits

- Availing OPD services- Diagnostic and Treatment (Co-payment basis)
- Coverage of pre-existing diseases
- Coverage common illness like Malaria, Diarrhea and T.B.
- Outreach to the remotest places through Sahiyya
- Inducing competition amongst various service providers to reach the highest standards of quality service delivery
- Community can access health services any where in the State with “ proportional switch over provision

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# CHALLENGES

- Enrollment modalities: Voluntary vs. Mandatory and identification of the poor
- Implementation issues: Enforceability of contacts and transparent processes
- Contacting Issues: Adverse selection and Moral hazard
- Verifiability of quality

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# Implementation Path

- Setting up of the Office of the Trust and its secretariat as MMG
- Appointment of ED (Search Committee or by deputation from the Industrial House or Government with the consent of the Trustees)
- Setting up of the HSMO team
- Starting the pilot by October, 2006

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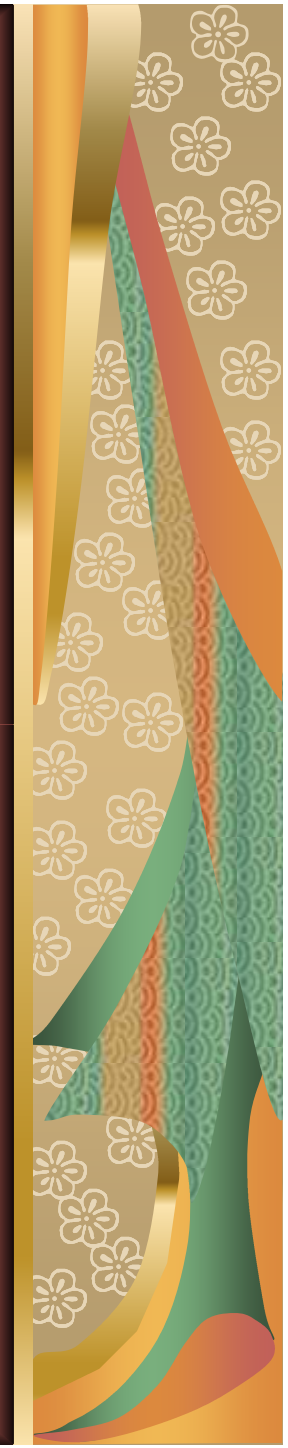
# Two Complimentary Initiatives

- Community Ownership: Sahiyya Movement
- Safe motherhood voucher scheme: Chief Minister Janani-Shishu Abhiyaan



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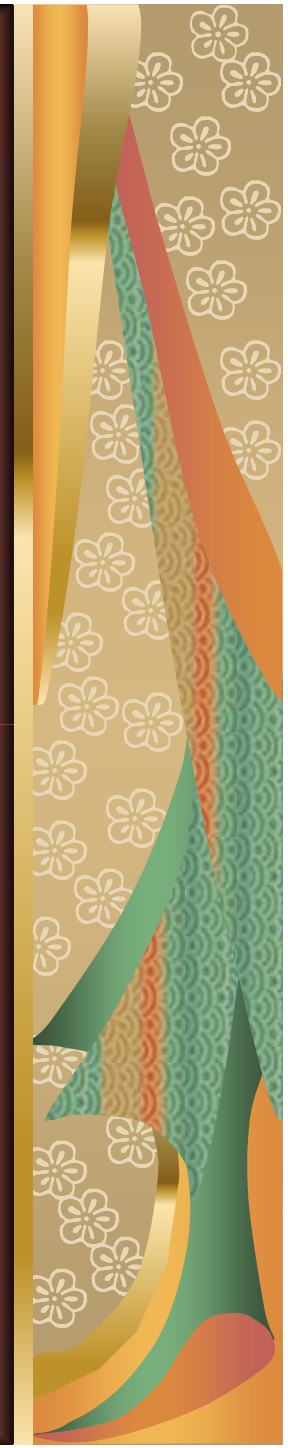
# Sahiyya Movement -Community ownership

- Village health committees (VHCs)- formed through community empowerment- medium NGOs
- VHC selects a woman of the village as a Sahiyya- population norms followed in selection
- Sahiyya is trained and supported by the network NGO in all community and health related aspects
- Technical support and standardized training modules provided by state
- Sahiyya works  for the VHC and the VHC can pay for her services
- Sahiyya- an extension of the community- a bridge between the state and the community



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# Health voucher scheme

- Supply side financing of public health but poor performance.
- Option: Demand side financing
  - Demand generation to health services in the poor
  - Increasing accessibility to health services by the poor
  - Providing choices of quality services to the poor
  - Promoting increased private sector stake the health sector in rural areas
  - Quality assurance through market competition

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# Health voucher scheme- contd.

- Four types of Vouchers
  - Early Registration- Rs. 100/-: to the expectant mother
  - Rs. 700/-: coupon for the institutional delivery in the third trimester
  - Rs. 300/-: to the mother after full immunization
  - Rs. 200/-: Motivational incentive to the provider

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# Health voucher scheme- contd.

- Enrollment of confirmed pregnant woman from BPL by provider/facilitator. After registration give Rs.100/ - to the woman
- AWW to track at least the three ANC (TT+100 tabs of IFA)
- Provider gives Rs.700/- voucher to the pregnant woman in the third trimester. This voucher has no cash value and can be used only for institutional delivery in both accredited private facility or public sector facility.
- Provider gives Rs.300/- cash payment to the mother after full immunization certification after 10 weeks
- MOIC provides Rs.200 each to the facilitator as incentive.

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……A new beginning for quality health care in Jharkhand……

through

Government of Jharkhand

&

ILO

Partnership……..

Thank you

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A new beginning for quality health care in Jharkhand under able leadership of
Mr. Arjun Munda, CM  Jharkhand …….

Thanks

basis)

- Will cover pre-existing diseases
- Will cover common illness like malaria, diarrhea, T.B. and also pregnancy
- The reach of the services are at the Village level with the help of Sahiyya
- Will induce competition amongst the Service providers for better quality health care services
- Community can access Health services any

# Health voucher scheme

Supply side financing of public health but poor performance.

Option: Demand side financing

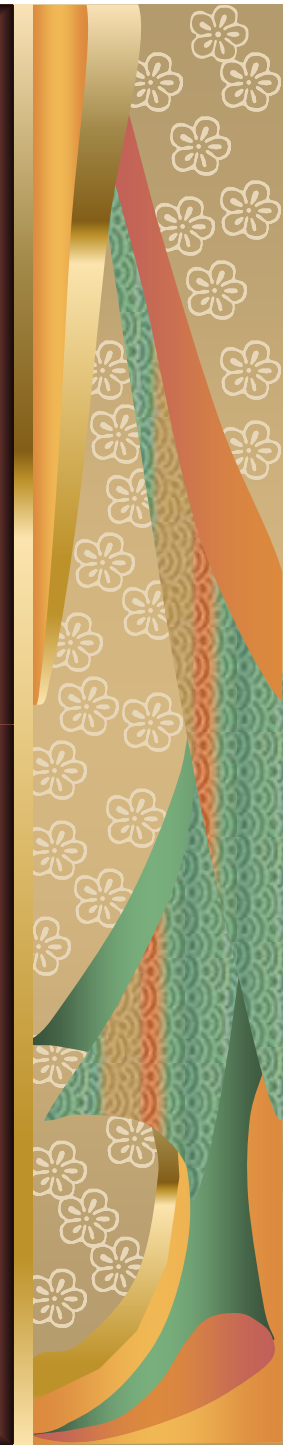
Increase the demand of health services by poor

Increase the access of poor to health services

Provide choices to the poor to select service provider

Increase private sector presence in rural areas

Quality assurance through market competition



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# Health voucher scheme- contd.

***Four Types of vouchers***

Early Registration – Rs. 100/= to the Expectant mother.

Rs. 700/= coupon for the institutuitiuonal delivery in the third trimester

Rs. 300/ to Mother, after full immunization

Rs.200/ case to to the provider/facilitator

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